

BACTERIOLOGY / BIOTERRORISM / MOLECULAR DIAGNOSTICS / TB TEST REQUEST FORM

STATE OF UTAH PUBLIC HEALTH LABORATORIES

46 NORTH MEDICAL DRIVE

SALT LAKE CITY, UTAH 84113-1105

TELEPHONE: (801) 584-8400 FAX: (801) 584-8486

<http://health.utah.gov/lab/microbiology>

FOR LABORATORY USE ONLY

LAB#:

DATE STAMP:

TESTING WILL NOT BE PERFORMED UNLESS SLIP IS COMPLETELY FILLED OUT. PLEASE PRINT CLEARLY FOR ACCURACY.

PATIENT INFORMATION:

Patient Name (Last, First):

Patient ID #:

DATE OF BIRTH (mm/dd/yy)

AGE:

SEX:

M

F

PROVIDER INFORMATION:

Provider Code:

Physician: _____

Provider Phone: _____

Provider Email: _____

Secure Fax #: _____

SPECIMEN

COLLECTION DATE

(mm/dd/yy)

/ /

SPECIMEN SOURCE/SITE:

☐ Blood☐ Bronchial Wash☐ Cerebrospinal Fluid (CSF)☐ Cervix☐ Environmental (specify): _____☐ Fluid (specify): _____☐ Food (specify): _____☐ Isolate (source): _____☐ Lesion☐ Nasopharyngeal (specify: swab / wash / aspirate)☐ Scab☐ Serum☐ Skin☐ Sputum (specify: natural / induced)☐ Swab (specify): _____☐ Stool☐ Throat☐ Tissue (specify): _____☐ Urethra☐ Urine☐ Vagina☐ Vomitus☐ Wound/Abscess☐ Other (specify): _____

STATE OF ORIGIN

OF

PATIENT / SAMPLE

BACTERIOLOGY / TB TESTS:

☐ Bacterial Culture☐ Bacterial ID / Referral☐ Cryptosporidium☐ Giardia☐ Mycobacterial Culture☐ Mycobacterial ID / Referral☐ QuantiFERON Test☐ Other (specify): _____

BIOTERRORISM TESTS (include Chain of Custody Form, If Applicable):

☐ Bacillus anthracis☐ Burkholderia spp.☐ Brucella spp.☐ Coxiella burnetii☐ Francisella tularensis☐ Orthopox virus☐ Vaccinia virus☐ Varicella zoster virus☐ Variola virus☐ Yersinia pestis☐ Multiagent Screen☐ Brucella spp. Microagglutination☐ Francisella tularensis Microagglutination☐ Yersinia pestis Hemagglutination☐ Clostridium botulinum culture & toxin☐ Ricin toxin (non-clinical)☐ Staphylococcus Enterotoxin B (non-clinical)☐ BDS Testing☐ Other (specify): _____

MOLECULAR TESTS:

☐ Bordetella pertussis PCR☐ Influenza A & B Virus PCR (NO H subtyping)☐ Influenza A & B Virus PCR (with H subtyping)☐ Norovirus PCR☐ St. Louis Encephalitis Virus PCR☐ West Nile Virus PCR☐ Western Equine Encephalitis PCR☐ Human West Nile Virus IgM☐ Other (specify): _____

ADDITIONAL INFORMATION

(List pertinent information including presumptive ID)